

Case Number:	CM14-0075499		
Date Assigned:	07/16/2014	Date of Injury:	10/15/2010
Decision Date:	08/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female who reported an injury on 10/15/2010. The mechanism of injury was not stated. Current diagnoses include carpal tunnel syndrome, joint pain in the hand, and joint pain in the forearm. The injured worker was evaluated on 04/03/2014. Previous conservative treatment includes protective bracing and anti-inflammatory medication. Physical examination revealed a well healed previous carpal tunnel incision in the left hand, slight thenar atrophy, swelling over the volar distal forearm, negative Adson's and Roos testing, negative tenderness to palpation, positive Tinel's and Phalen's signs, and slight tenderness over the thumb basal joint. Treatment recommendations included a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Redo carpal tunnel release, possible flexor tenosynovectomy, and median nerve internal neurolysis with hypothenar fat flap coverage of the median nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th Edition, 2013 Updates, Carpal Tunnel Syndrome chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion. As per the documentation submitted, the injured worker previously underwent a left carpal tunnel release. The injured worker continues to report persistent symptoms despite conservative treatment with anti-inflammatory medication and protective bracing. However, there were no electrodiagnostic reports submitted for this review. Without documentation of repeat electrodiagnostic studies that correlate with the injured worker's clinical examination, the current request for a second procedure cannot be determined as medically appropriate at this time. As such, the request is not medically necessary and appropriate.